	PATEN	T APP				TERMINA					Rhosa	diag Apple	DEPARTM	OMB	OF COMMIS Control nur
	ÄPPI		ON AS I	FILED -	PARI		Enea	ve Decemb	per 8	. 2004		0	11:30	بكآ	<u> </u>
FOR		(Column 1)			(Column 2)			SMALL ENTITY			_	OR	OTHER THAN SMALL ENTITY		
BASIC FEE (37 CFR 1 18(8) (8) 0 (6))		-	NUMBER FILED N/A		NUMBER EXTRA		\dashv			FEE G	_		RATE	(\$)	FEE
SEARCH FEE (37 CFR 1 16(U, (4, or (m))		NA			N/A		\exists	NA NA		150.00	4		AVA .		300.00
EXAMINATION FEE D7 CFR 1 18(4), (p), or (D)		NA			N/A		-	N/A	4	\$250	4		N/A		\$500
TOTAL CLAIRS 37.CFR 1 16(0)					1.		\dashv	X\$ 25	+	\$100	- -		: NA		\$200
NDEPENDENT CLAIMS 37 OFR 1 16(N)		minus 20 e			•		-	X100	+	·	┦ ′	×	X\$50		
APPLICATION SIZE FEE 37 OFR 1 16(4))		If the specification and sheets of paper, the apr is \$250 (\$125 for small additional 50 sheets or 135 U.S.C. 41(a)(1)(G) at		on and dr. the appliant of small er	plication size fee due entity) for each fraction thereof. See nd 37 CFR 1.16(s).								X200		
ULTIPLE DEPENDENT CLAIM PRESENT ()7				7 OFR 1 160	j))			+180=	brack		1	r	+360=	+	·
f the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	T		1	-	TOTAL	十	
AP		·	AMEN	DED - PA		ı					•				
CLAUMS HIGHEST						(Column 3):	SMALL ENTITY				. 0	OR OTHER THAN SMALL ENTITY			
Total	AMEN	AINING TER IDMENT	<u> </u>	PREVIO PAID F	BER KUSLY	PRESENT EXTRA		RATE (5)	1 1	ADOI: NONAL FEE/(5)			RATE (\$)		ADDI- TIONAL
Endenmendens	20	シ 7 -	Minus	<u> </u>	·	'/	[(\$.25 .		7	OR	X	\$50	1-	FEE (B)
OF CFR LIKENED	7	CE0 1 1	Minus	7		·/	Ŀ	(100 -			OR	×	200	し	/
Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							-	100	/				=		
	ENT CLAIM	(37 GA (18(0)			180=	!		OR	L	360 -	Ŀ				
2CE	M akes	. :				•		OOL FEE			OR,		TAL O'L FEE		•
كظمال	Colum CLA REMAI AFTI AMEND	IMS NING ER.		HIGHES NUMBE PREVIOUS PAID FO	R SLY	(Column 3) PRESENT EXTRA	[MTE (1)	TK	DOI- DNAL	•	R	ATE (\$)		ADDI- IONAL
Total profit ciani	ر :	9	Minus	20		- /	1x	\$ 25 .	FE	€ (3)		7			EE (S)
independent D7 CFR L16pg		<u> </u>	Minus	- 4		•/	-	100	_		OR	XS X2			
Application Str							口				OŖ :	~	-		
PRESENT	ATION OF A	ULTULE	DEPENDON	T CLAIM (or certa	1.16@)	Ŀ	180=		Z	OR	+3	60±		1
iho entre in	doma d & 4	aaa (h *	h a act- 1				ADI	AL PEE	/	\prod_{i}	ŻR	TOT/ ADD	L FEE	/	
I the entry in or I the "Highest N the "Highest Nu he "Highest Nu sction of Johns	univer Pic	rancely Pr		THIS SPA	CEPI	7 in column 3. ins then 20, ent iss then 3, enter is the highest o	er "20" "3".	found in the				. /		.·	7

is collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this uniform, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.